

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All other correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as stated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 09/21/2005

Anthony PAOLITTO  
CORONEO, Inc.  
Suite 514  
9250 Avenue du Parc  
Montreal, QC H2N 1Z2  
CANADA

12/22/2005 TBESHAH2 00000083 10662463

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

01 FC-2501 02 FEE TRANSMITTAL NO.	700.00 DP FILING DATE 00.00 DP	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/662,463	09/16/2003	Raymond Cartier		9609

TITLE OF INVENTION: ARTICULATION MEMBER FOR USE IN A SURGICAL APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	12/21/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
O'CONNOR, CARY E	3732	600-228000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

CORONEO, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Montreal, Quebec, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☒ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

Typed or printed name ANTHONY PAOLITTO

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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## CERTIFICATE OF TRANSMISSION

I, Anthony PAOLITTO, hereby certify that the present correspondence of  
6 pages, in matter Re: 10 / 662,463 "Articulation Member For Use In  
A Surgical Apparatus", is being sent by facsimile transmission to the United  
States Patent and Trademark Office, **Mail Stop ISSUE FEE**, facsimile  
number (571) 273-2885, on this 21st day of December 2005.

Respectfully submitted,

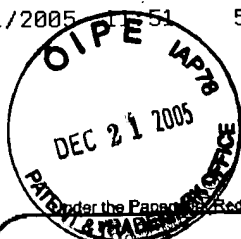
A handwritten signature in cursive script, appearing to read "A. Paolitto", written over a horizontal line.

**Anthony Paolitto**

*(Applicant & Assignee Representative)*

c/o CORONEO, Inc.  
9250 Avenue du Parc, Suite 514  
Montreal, Quebec  
H2N 1Z2, Canada

Telephone : (514) 336-9230  
Facsimile : (514) 334-9778



PTO/SB/21 (09-04)  
Approved for use through 07/31/2006. OMB 0851-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10 / 862,463	
	Filing Date	September 16, 2003 (09 / 16 / 2003)	
	First Named Inventor	CARTIER, Raymond	
	Art Unit	3732	
	Examiner Name	O'CONNOR, Cary E.	
Total Number of Pages in This Submission	6*	Attorney Docket Number	

\*including tax cover sheet

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Transmittal Letter (Issue Fee) - PTO-2038 - PTOL-85 Fee Transmittal Form
Remarks _____		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	PAOLITTO, Anthony [Applicant & Assignee Representative]		
Date	December 21, 2005	Reg. No.	

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

To: Commissioner for Patents  
Mail Stop **ISSUE FEE**  
PO Box 1450  
Alexandria, Virginia, 22313-1450  
U.S.A.

Title: **ARTICULATION MEMBER FOR USE IN A SURGICAL APPARATUS**

Applicants: CARTIER, Raymond; PAOLITTO, Anthony  
Serial No.: 10 / 662,463  
Filed: September 16, 2003 (09 / 16 / 2003)  
Art Unit: 3732  
Examiner: O'CONNOR, Cary E.  
Class-Subclass: 600-228000  
Confirmation No.: 9609  
Date Notice of Allowance: September 21, 2005

**TRANSMITTAL OF ISSUE FEE**

Dear Sirs / Mesdames:

Transmitted herewith:

1. Completed Transmittal Form PTO/SB/21;
2. Completed copy of Issue Fee Transmittal Form PTOL-85, dated September 21, 2005;
3. Completed copy of Credit Card Payment Form PTO-2038 authorizing payment in the amount of US \$1000.00 (Issue Fee + Publication Fee);

The Applicant is claiming Small Entity Status.

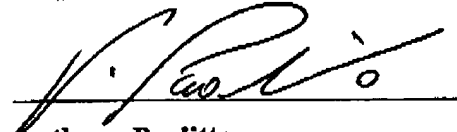
Kindly note that with our payment of the Issue Fee, we are submitting, by way of a separate transmittal addressed to Assignment Recordation Services and faxed on December 21, 2005, an Assignment for the above-referenced patent application to be recorded in the Office, pursuant to 37 CFR § 3.28.

Kindly note that dated December 20, 2005, we are filing a continuation application under 37 CFR § 1.53(b) for the above-referenced application.

Should the Patent Official wish to telephone us, the call should be placed to Anthony Paolitto at (514) 336-9230.

Dated: 21 DECEMBER 2005

Respectfully submitted,



**Anthony Paolitto**

*(Applicant & Assignee Representative)*

CORONEO, Inc.  
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Montreal, Quebec  
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